

As a below named inventor, I/we hereby declare that:

My/our residence, post office address and citizenship are as stated below next to my/our name. I/we believe I am/we are the original, first and sole/joint inventor/s of the subject matter which is claimed and for which a patent is sought on the invention entitled

**TABLETS CONTAINING ENROFLOXACIN AND FLAVOURING AGENTS
AND/OR FLAVOURS**

the specification of which is attached hereto,

or was filed on June 14, 2004

as a PCT Application Serial No. PCT/EP2004/006370

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims.

I/we acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/we hereby claim priority benefits under Title 35, United States Code, §119 and § 119(e)(1) of any foreign and/or U.S. provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

103 28 666.7
(Number)

Germany
(Country)

June 26, 2003
(Month/Day/Year Filed)

I/we hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose the material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
		(Patented, pending, abandoned)

(Application Serial No.)	(Filing Date)	(Status)
		(Patented, pending, abandoned)

I/we hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Le A 36 780-US

POWER OF ATTORNEY: As named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Jeffrey M. Greenman, Reg. No. 26,552

Tilmann Breitenstein, Limited Recognition under 37 C.F.R. § 11.9(b)

Jerrie L. Chiu, Reg. No. 41,670

William F. Gray, Reg. No. 31,018

Susan M. Pellegrino, Reg. No. 48,972

Barbara A. Shimek, Reg. No. 29,862

Address all written correspondence to Customer No. 35969 Mr. Jeffrey M. Greenman Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, Connecticut 06516		Direct Telephone Calls To: (203)812-3964(Jerrie L. Chiu)
FULL NAME OF SOLE OR FIRST INVENTOR Venkata-Ranganarao Kanikanti	INVENTOR'S SIGNATURE <i>K.V. Kanikanti</i>	DATE 01.02.2006
RESIDENCE 51368 Leverkusen, Germany	CITIZENSHIP Indian	
POST OFFICE ADDRESS c/o Bayer HealthCare AG, 51368 Leverkusen, Germany		
FULL NAME OF SECOND INVENTOR Sabine Bongaerts	INVENTOR'S SIGNATURE <i>Sabine Bongaerts</i>	DATE 2005-12-07
RESIDENCE 51379 Leverkusen, Germany	CITIZENSHIP German	
POST OFFICE ADDRESS c/o Bayer HealthCare AG, 51368 Leverkusen, Germany		
FULL NAME OF THIRD INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FOURTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FIFTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SIXTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SEVENTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		